H.R.1016

Veterans Health Care Budget Reform and Transparency Act of 2009 (Introduced in House) HR 1016 IH

111th CONGRESS 1st Session H. R. 1016

To amend title 38, United States Code, to provide advance appropriations authority for certain medical care accounts of the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

February 12, 2009

Mr. FILNER (for himself, Mr. MICHAUD, Ms. HERSETH SANDLIN, Mr. MITCHELL, Mr. HALL of New York, Mr. MCNERNEY, Mr. WALZ, Mr. HARE, Mrs. TAUSCHER, Mr. HODES, and Mr. SESTAK) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to provide advance appropriations authority for certain medical care accounts of the Department of Veterans Affairs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the `Veterans Health Care Budget Reform and Transparency Act of 2009'.

SEC. 2. FINDINGS.

Congress makes the following findings:

- (1) Title 38, United States Code, authorizes the Secretary of Veterans Affairs to furnish hospital and domiciliary care, medical services, nursing home care, and related services to eligible and enrolled veterans, but only to the extent that appropriated resources and facilities are available for such purposes.
- (2) For 19 out of the past 22 fiscal years, appropriated funds for medical care were not provided to the Department of Veterans Affairs before the commencement of its new fiscal year, causing the Department great challenges in planning and managing care for enrolled veterans, to the detriment of veterans.
- (3) The cumulative effect of insufficient, late, and unpredictable funding endangers the viability of the system and the specialized health care resources of the Department to maintain and

improve the health of the Nation's sick and disabled veterans.

- (4) Appropriation levels for the health care programs of the Department have too often proven insufficient over the past decade, requiring the Secretary of Veterans Affairs to ration health care and Congress to approve supplemental appropriations.
- (5) Providing sufficient, timely, and predictable funding would ensure the Government meets its obligation to provide health care to sick and disabled veterans and ensure that all veterans enrolled for care in the Department of Veterans Affairs have ready access to timely and high quality care.
- (6) Providing sufficient, timely, and predictable funding would allow the Department of Veterans Affairs to properly plan for and meet the needs of veterans.
- SEC. 3. ADVANCE APPROPRIATIONS FOR CERTAIN MEDICAL CARE ACCOUNTS OF THE DEPARTMENT OF VETERANS AFFAIRS.
 - (a) Advance Appropriations for Certain Medical Care Accounts-
- (1) IN GENERAL- Chapter 1 of title 38, United States Code, is amended by inserting after section 113 the following new section:
 - `Sec. 113A. Advance appropriations for certain medical care accounts
- `(a) In General- For each fiscal year, beginning with fiscal year 2011, discretionary new budget authority provided in an appropriations Act for the appropriations accounts of the Department specified in subsection (b) shall--
 - `(1) be made available for that fiscal year; and
- `(2) include, for each such appropriations account, advance discretionary new budget authority that first becomes available for the first fiscal year after the budget year.
- `(b) Medical Care Accounts Affected- The appropriations accounts subject to subsection (a) of this section are the following medical care accounts of the `Veterans Health Administration, Department of Veterans Affairs' account:
 - `(1) Medical Services.
 - `(2) Medical Support and Compliance.
 - `(3) Medical Facilities.'.
- (2) CLERICAL AMENDMENT- The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 113 the following new line:
 - `113A. Advance appropriations for certain medical care accounts.'.
- SEC. 4. COMPTROLLER GENERAL STUDY ON ADEQUACY AND ACCURACY OF BASELINE MODEL PROJECTIONS OF THE DEPARTMENT OF VETERANS AFFAIRS FOR HEALTH CARE EXPENDITURES.
- (a) Study of Adequacy and Accuracy of Base Line Model Projections- The Comptroller General shall conduct a study of the adequacy and accuracy of the budget projections made by the Enrollee Health Care Projection Model (in this section referred to as the `Model'), its equivalent, or other methodologies utilized for the purpose of estimating and projecting health care expenditures of the Department of Veterans Affairs with respect to the fiscal year involved and the subsequent four fiscal years.
 - (b) Reports-
- (1) IN GENERAL- Not later than the date of each year in 2011, 2012, and 2013, on which the President submits the budget request for the next fiscal year under section 1105 of title 31,

United States Code, the Comptroller General shall submit to the appropriate committees of Congress and to the Secretary of Veterans Affairs a report.

- (2) ELEMENTS- Each report under this paragraph shall include, for the fiscal year concerning the year for which the budget is submitted, the following:
- (A) A statement whether the amount requested in the budget of the President for expenditures of the Department for health care in such fiscal year is consistent with anticipated expenditures of the Department for health care in such fiscal year as determined utilizing the Model.
 - (B) The basis for such statement.
 - (C) Such additional information as the Comptroller General determines appropriate.
- (3) AVAILABILITY TO THE PUBLIC- Each report submitted under this subsection shall be made available to the public by the Comptroller General.
- (4) APPROPRIATE COMMITTEES OF CONGRESS DEFINED- In this subsection, the term `appropriate committees of Congress' means--
- (A) the Committees on Veterans' Affairs, Appropriations, and the Budget of the Senate; and
- (B) the Committees on Veterans' Affairs, Appropriations, and the Budget of the House of Representatives.

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